


LABORATORY SUBMISSION FORM



Animal Health Diagnostic Laboratory
Phone (517) 353-1683
(See reverse side for mailing addresses.)

AHDL Case No. _____
MSU Vet. Clin. No. _____

Clinic Name MDA - CWD

Address LANSING MI 48909
(city, state, zip)

Veterinarian DR DOUG HOORT

Phone (517) 373-1077 Ext. _____

Owner BUCK A. ROO - RACHEL'S DEER HAGEN
(last, first)

Address 123 ECK RUT DR
CEDAR SWAMP, MI 49999
(city, state, zip)

Phone (123) 456-7890 Ext. _____

AHDL Account No. 31838

ANIMAL INFORMATION

No. animals included in this submission 6 TOTAL No. animals in affected group 120 No. sick animals 2 No. dead animals 1

Animal name &/or clinic I.D. (SEE BELOW) ON PALM IN SUBMISSION IN SUBMISSION

Species CERVIDAE Breed FALLOW DEER Age SEE SAMPLE JARS circle one (da. wk. mo. yr.) Sex _____

Date animal died 01, 02, 03 Date specimen(s) taken 01, 03, 03 Drug/treatment _____

EUTHANIZED - 2
HOME BUTCHERED - 3
FOUND DEAD - 1

Tissues

☐ Animal, dead

☐ Animal, live

☒ Brain BRAINSTEM

☐ Eyeball

☐ Fetus

☐ Intestine (site _____)

☐ Kidney

☐ Liver

☐ Lung

How many?

6

Specimen(s) Submitted

☒ Lymph node (origin Head RP)

☐ Placenta

☐ Skin

☐ Spleen

☐ Other (specify _____)

Fluids

☐ Blood, whole

☐ Plasma

☐ Serum

☐ Cerebrospinal fluid

☐ Milk

☐ Synovial fluid

☐ Urine

☐ Other (specify _____)

How many?

12

Miscellaneous

☐ Ectoparasites

☐ Feces

☐ Feed

☐ Skin scraping

☐ Smear (specify _____)

☐ Stomach contents

☐ Swab (origin _____)

☐ Water

☐ Other (specify _____)

How many?

TEST(S) REQUESTED
Consult fee schedule for complete list of available tests.

CWD HISTOPATHOLOGY + PPR IMMUNOHISTOCHEMISTRY

Differential diagnosis _____

Brief history including symptoms, duration, therapy, management practices, ration, and previous history of disease: _____

ANIMAL ID - # CRDH 01, CRDH 02, CRDH 03 - Culls in FREEZER


BURNED < # E34DMH0402, E34DMH0410 - Sick/EUTHANIZED

D34DMH0406 - FOUND DEAD


SUBMITTER - Dr. Joe Odziana

COLLECTED BY - Dr. Joe Odziana

Gross description of lesions (include location, size, color, consistency; if skin or subcutaneous lesions, fill in diagram to indicate the extent, use "X" to mark biopsy sites): _____



Dorsal



Ventral

Significant data and special requests (please include any previous AHDL case number related to this case): _____

June 1987

3. Please fill out the lab submission form as completely as possible. If a large number of samples are submitted (for example culling) then use the “Gross Description” or “Brief History” area listing all the animal ID’s. Also note if the “Carcass is retained at farm” and if not then note, “Where the carcass is located” (name of buyers freezer, burial site, renderers name, etc.). Accredited and regulatory veterinarians collecting samples be sure to sign and note your MI license number on submission form for future accreditation purposes.
4. Use the submission forms supplied by the MDA. These supplied forms have the account number for the CWD Surveillance Program preprinted on them for billing purposes (31838). For additional forms please call the MDA CWD office at (517) 241-1557 or call the main desk at (517) 373-1077 and request the forms.
5. You **MUST** fill out the owner and premise (farm) name and address in the upper right corner of the submission form. Be sure **MDA-CWD** is in the upper left corner as submitter for billing and program tracking purposes. “Specimen(s) Submitted” would be brain and lymph nodes. Note “How Many?” of each tissue type being submitted. Test requested is CWD Immunohistochemistry (IHC). Species is Cervidae and Breed is whatever it is that is being tested (elk, red deer, WTD, Sitka deer, etc.). Note total number of cervidae on farm and the number sick (euthanized) and found dead in the total number in current submission. Fill out date animal died (euthanized) and date samples collected.
6. **DO** place a copy of the completed submission form in a water proof (plastic food-Type, zip lock, etc.) bag and place it under the shipping box cardboard lid while on top of the inner sample container.
7. **DO KEEP A COPY OF THE COMPLETED SUBMISSION FORMS IF YOU WILL BE SUBMITTING THE SAMPLES BY ANY OTHER MEANS THEN THROUGH THE MDA COURIER SERVICE.**